



Historical Records Project Grants

2005-2006 Application

Organization (Name and Address):	County:
	FEIN:
	Fiscal Year:
	Web Site:
Contact Person (Name and Address):	Title:
	Telephone:
	Fax:
	Email:
Authorizing Official (Name and Address):	Title:
	Telephone:
	Fax:
	Email:

GA House District(s): _____ GA Senate District(s): _____ U.S. Congressional District(s): _____

Project Information

Project Dates: December 1, 2005—October 31, 2006

Brief Description of Project:

Project Category (check all that apply)

- ☐ Inventory
- ☐ Access
- ☐ Program Development
- ☐ Preservation
- ☐ Electronic Access

Grant Amount Requested	Organization Cash Match	Organization In-Kind Match	Total Project Cost

As authorizing official of the applicant, I certify to the best of my knowledge that the information in this application is true and correct, the application has been duly authorized by the governing body of the applicant, and, if funded, the applicant will carry out the project in the manner described herein. I further certify that the applicant will maintain records in accordance with generally accepted government accounting principles, and that the funds awarded will be included in those audits or financial statements covering all or part of the project duration period.

Signature of Authorizing Official

Date

Rev. February 2005



GEORGIA HISTORICAL RECORDS ADVISORY BOARD

The Georgia Archives

Cathy Cox, Secretary of State

David W. Carmichael, Director

Previous GHRAB Grants

Please attach additional sheets if necessary.

Project Dates: _____

Amount: _____

Brief Description of Project: _____

Project Category (check all that apply)

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Organization Description

On a separate sheet, provide an organization description by answering questions in the *GHRAB Historical Records Grant Application Guidelines*.

Project Description

On a separate sheet, provide a project description and plan of work by answering the questions in the *GHRAB Historical Records Grant Application Guidelines*. Your answers should demonstrate to the Board that the project is well planned and that the goals can be attained within the grant period.

Project Budget

On the Project Budget Form, provide a budget as described in the *GHRAB Historical Records Grant Application Guidelines*.

Checklist of Attachments

All organizations:

- ☐ Disaster Preparedness Plan (Exception: Development included in work plan.)
- ☐ Memo of Understanding—Microfilming Services (if appropriate)

Government Offices:

- ☐ City/County Resolution (Exception: Development included in work plan.)

Historical Repositories:

- ☐ Certification of Non-Sectarian Status Form
- ☐ Mission Statement
- ☐ Acquisition/Collection Policy (Exception: Development included in work plan.)
- ☐ Deposit agreement (if working with a government office)

Submit original application and attachments to:

GHRAB Historical Records Grant Program
The Georgia Archives
5800 Jonesboro Road
Morrow, GA 30260
Tel: 678-364-3718
Fax: 678-364-3860

For additional information or assistance,
please email ebarr@sos.state.ga.us.

Budget Form

Please provide the information requested below as described in the *GHRAB Historical Records Grant Application Guidelines*. You may attach additional sheets if it is necessary.

Personnel/Salaries

List name/position, hours planned, and rate of pay for each employee in the space below. For volunteers, list name or number of volunteers, hours planned, and rate/value of work.

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL SALARIES				

Fringe Benefits

Record employee name and amount.

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL FRINGE BENEFITS				

Consultant Fees*List name of consultant (if known) and contract amount.*

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL CONSULTANT FEES				

Travel Expenses*List name/position of each traveler and projected expense. Detail amount that is to be spent on lodging, mileage, meal costs, and registration fees where appropriate.*

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL TRAVEL EXPENSES				

Supplies/Materials*Describe items to be purchased. Include quantity and costs.*

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL SUPPLIES				

Equipment

List each planned equipment purchase separately.

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL EQUIPMENT				

Services

List each vendor separately.

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL SERVICES				

Other

Please describe.

Item	Grant Funds	Cash Match	In-Kind Match	TOTAL
TOTAL OTHER				

TOTALS OF ALL CATEGORIES				
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